Employers still bullish on wellness programs
Findings from the 2015 Surveys of Employers and Health Care Consumers

Executive summary

The US is struggling with an epidemic of chronic diseases from unhealthy lifestyles. Inactivity, poor nutrition, tobacco use, and frequent alcohol consumption are among the behaviors contributing to increasing rates of cardiovascular disease, diabetes, arthritis, and cancer. Employers play a significant role in providing and financing health insurance, and they also have a major stake in maintaining employee productivity. These responsibilities have prompted many companies to provide wellness programs and activities to encourage healthier employee lifestyles.

Employers face numerous challenges when developing a wellness strategy: understanding sensitivities in engaging with employees around lifestyle behaviors; sifting through studies and examples to identify evidence-based interventions that can keep employees motivated over time; and navigating an evolving regulatory landscape. Deloitte’s 2015 Survey of US Employers shows that despite these challenges, employers are still bullish on wellness programs. Many respondents are likely to maintain or scale-up their current wellness and disease management programs — not only to encourage healthy habits among their employees, but also to bolster recruitment and retention rates. Other survey findings reveal:

- Employers are more likely to frame incentives to engage employees in healthy lifestyles as rewards. Monetary incentives such as decreased premiums, co-pays, and deductibles are most popular and are offered by 46 percent of surveyed employers that offer incentives or penalties. Meanwhile, 32 percent of these surveyed employers apply increased premiums or surcharges for unhealthy lifestyles, such as tobacco use.

- Although almost all (96 percent) of surveyed employers that offer incentive programs agree or somewhat agree that wellness programs help to control medical costs, fewer than half are measuring their programs’ return on investment (ROI).

- Findings from Deloitte’s 2015 Survey of US Health Care Consumers show that consumers, with or without chronic conditions, are interested in and see value in employer wellness and disease management programs. Most consumers are willing to participate in programs whether they are optional or required to receive full benefits, with only six to 12 percent of surveyed consumers saying they are not willing to participate in optional initiatives such as biometric screenings or healthy lifestyle programs.

As interest in wellness programs continues to grow, employers may find that seeking employee input and giving employees several options for participating may increase employee satisfaction, long-term engagement, and overall program success. Given consumer willingness to participate in wellness programs, employees may stay more engaged in the long term if they feel the program is not intrusive or mandated.

Increase in employer wellness programs reflects rise in chronic disease

Decades of research has shown that changing health behaviors is challenging and that modern life can make it difficult for consumers to eat healthy, be active, and reduce stress levels. Because Americans spend so much time at work, and because the effects of unhealthy lifestyles can impact attendance (absenteeism) and reduce performance (presenteeism), the number of employer wellness programs has been on the rise. One study examining absenteeism and presenteeism among 50,000 workers at 10 companies shows that lost productivity costs are 2.3 times higher than medical and pharmacy costs. A variety of studies suggest that the health conditions that contribute most to lost productivity include depression, anxiety, migraines, respiratory illnesses, arthritis, diabetes, and back and neck pain. Employees with multiple chronic health conditions have been shown to be particularly vulnerable to productivity loss. While there is debate as to whether employer wellness programs are the solution, evidence that avoidable health conditions can lead to high medical expenses and lost productivity has prompted many employers to actively engage in efforts to improve the population health and habits of their workforce.

Absenteeism and presenteeism cost employers — even more so than direct medical and pharmacy costs. Many chronic conditions negatively impact productivity.
Trends in incentives use

In the quest to engage employees and sustain their participation in health and wellness initiatives, employers find that incentives in the form of cash or other rewards are a common and important program component. According to Deloitte’s survey, employers are more likely to use incentives than penalties to motivate employees to improve their health status or make appropriate health care choices. Half of surveyed employers offer incentives for employee participation in health risk assessments (HRAs), while only 10 percent impose HRA-related penalties. Whether a financial inducement is an incentive or a penalty is a topic of discussion; it is possible that these results are, in part, a reflection of how employers wish to present their approach to wellness.

As shown in Figure 1, monetary awards such as decreased premiums, co-pays, and deductibles are the most commonly used incentive (offered by 46 percent of the surveyed employers that offer wellness programs with incentives), followed by increased premiums or surcharges for unhealthy lifestyles, such as tobacco use (used by 32 percent of these surveyed employers). Financial subsidies for services such as gyms or nutritionists and non-monetary perks such as points or recognition are used by 28 percent and 26 percent of companies, respectively. Forty-three percent of employers say they are willing or somewhat willing to not hire smokers (not shown).

Participating organizations in Deloitte’s 2015 Survey of US Employers ranged from small employers (50-100 employees) to very large employers (2,500+ employees) (see Figure 5).

Figure 1: Monetary awards are the most common type of incentive

You mentioned that your company offers incentives or penalties to motivate and engage its employees to improve their health status and health care choices. What reward or penalties does your company use?

**Base = 589 respondents who offer wellness incentives or penalties**

*Source: Deloitte Center for Health Solutions: 2015 Survey of US Employers*
Importance of ROI: Some measure, others assume

Most surveyed employers are committed to their wellness programs, even if they are not seeing immediate return on investment. Although almost all surveyed employers (96 percent) agree or somewhat agree that these programs help to control medical costs, fewer than half of surveyed employers that offer incentives (47 percent) are measuring ROI. As shown in Figure 2, 34 percent of respondents plan to expand or enhance their current offerings in the next three-to-five years, while 42 percent plan to maintain their current offerings. Sixteen percent of surveyed employers plan to reduce their wellness offerings in the future, and only eight percent are planning to cease offering current programs. The countetrend of some employers reducing their investment in and commitment to wellness likely reflects program variability, organizational perspectives and objectives, and success rates across the spectrum of employers.

Wellness program ROI can be difficult to measure. Among the issues that confront program implementers are questions about research design, data collection, strategies to identify and compare groups, and how to interpret results. Seeing effects from programs is not immediate and might take time. Few employers likely have the scale, resources, and infrastructure to produce a credible ROI that is specific to their program and population.

Studies show that some employers are evaluating the success of wellness programs by focusing on cost savings stemming from reduced sick days, increased productivity, enhanced employee satisfaction, reduced turnover, and decreased medical costs. Some wellness experts, including Ron Goetzel, PhD, Senior Scientist at Johns Hopkins Bloomberg School of Public Health and Vice President of Consulting and Applied Research for Truven Health Analytics, say that too much of the debate around employer wellness programs is narrowly focused on whether these programs save money, and that in other realms of medical care the system would withhold treatment from almost every patient if that was the standard that had to be met. Goetzel and other health and wellness proponents have therefore argued that, in general, prevention and wellness should be evaluated on a cost-effectiveness (rather than cost benefit) basis. Instead of aiming for a high ROI, which may not be attainable, Goetzel and others suggest that employers should seek data that supports high worker engagement, satisfaction with program components, population health improvement, enhanced ability to attract and retain top talent, fewer safety incidents, higher productivity, and perceived organizational support for an individual’s health and well-being.

Smaller companies can be innovators

Smaller companies (fewer than 100 employees) often do not get as much recognition for their wellness programs as larger organizations, but Honest Tea in Bethesda, Maryland was recently lauded for its efforts. Popular program components include weekly fresh fruit deliveries, wellness seminars, an office “boot camp,” and flexible work schedules.

Figure 2: Many employers plan to maintain or scale up wellness programs in the near future

What are your company’s future plans for incentives/wellness programs in the next 3-5 years?

Base = 589 respondents who offer wellness incentives or penalties
Source: Deloitte Center for Health Solutions: 2015 Survey of US Employers
Employers believe that employees expect them to offer wellness programs and are aware that programs may be viewed negatively

Employers believe that wellness programs are an important recruitment and retention tool (Figure 3). In fact, 88 percent of survey respondents agree or somewhat agree that employees expect them to offer these programs. At the same time, many also agree or somewhat agree that employees may view some components of these programs as negative, invasive, or another chore they have to fulfill. These findings point to the tension that sometimes exists around employer wellness.

If research shows that individuals with healthier lifestyles tend to cost less and be more productive, employers may aim to attract employees who value wellness.

Figure 3: Employers believe wellness programs are important for recruitment and retention

Please indicate your level of agreement with the following statements. Employer health offerings, such as wellness and disease management programs...

- Are viewed negatively by our employees: 66% agree or somewhat agree, 34% disagree
- Are expected by our employees: 88% agree or somewhat agree, 12% disagree
- Allow us to better serve our employees: 96% agree or somewhat agree, 4% disagree
- Are important to recruit and retain talent: 93% agree or somewhat agree, 7% disagree
- Help control medical costs: 96% agree or somewhat agree, 4% disagree

Responses based on a scale of 1 to 10 where 1 is “totally disagree” and 10 is “totally agree.”
Source: Deloitte Center for Health Solutions: 2015 Survey of US Employers
Leading organizations have tried to alleviate this tension by tying wellness and well-being to the company mission, tailoring the program to make it meaningful for employees, and having wellness champions at every level.

- **Tying wellness and well-being to the company mission.** Many organizations with successful wellness programs integrate wellness into company policies, leadership messaging, and the built environment (healthy vending and dining options, places for people to walk or exercise, bike racks to encourage biking to work, etc.).

- **Tailoring the program to make it meaningful for the employee.** People have different motivations for leading healthy lives. While some may be setting long-term health goals, others may be more interested in keeping up with their young children, preparing for retirement, or contemplating quitting smoking or losing weight. Employees may be more receptive to messages that extend beyond the clinical benefits of wellness programs and are more lifestyle-oriented. Education and information should be broad enough so that everyone can figure out ways to incorporate wellness goals into their life.

- **Have wellness champions at every level.** Evidence shows that employees want to feel like they have a say in wellness activities and program components rather than being directed toward specific interventions.

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**Integrating wellness into the work day**

Employees from Apple Inc. are allowed to take 30 minutes each workday to meditate, and they have access to onsite meditation and yoga classes, as well as use of a meditation room. The technology company has said its approach to employee wellness is based on employee surveys and its goal to attract talent. The company offers a plethora of programs to satisfy its four generations of workers.

**Use of wellness champions**

The Clorox Company uses wellness champions as part of its wellness program. The company offers incentives for employees who participate in programs that promote physical activity and provides free biometric screenings at its US facilities. Wellness champions help employees share their success stories about making healthy lifestyle changes.

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**Tailored programs can have many elements**

AT&T’s wellness program has an employee ambassador initiative with more than 10,000 members. Employees can help motivate their colleagues through local health challenges, charity walks, and 5Ks. Employees also have access to an online portal that promotes wellness and includes features such as chats with the resident chef, food label explanations from a registered dietitian, and videos on healthy eating for different lifestyles (e.g., someone who is more sedentary and drives a lot). Employees can engage in discussions with members of different fitness communities that interest them, such as yoga, biking, and running.
Consumer perspectives on employer wellness programs

How do consumers feel about employer wellness programs? Deloitte’s 2015 Survey of US Health Care Consumers reveals that most consumers — whether they have a chronic condition or not — are willing or somewhat willing to participate in employer wellness and disease management programs that are optional or required to receive full benefits. Only six to 15 percent of consumers are unwilling to participate in wellness initiatives and that depends on the type of program and the health status of the individual.

Optional wellness programs are just as popular as programs that are required for individuals to receive full benefits and are not perceived as being intrusive. However, regardless of their health status or whether the program is optional (as shown in Figure 4) or required to receive full benefits, few surveyed consumers say they are unwilling to participate:

- **Healthy living programs**: 15 percent of individuals with chronic conditions are unwilling to participate in a healthy living program that is required to receive full benefits, compared with 12 percent of individuals without a chronic condition (not shown).

The majority of surveyed consumers see the value that wellness programs provide for both employer and employees: 91 percent think that wellness programs are put in place to cut employer costs, and the same percentage of consumers view the programs as a perk and think they are put in place to help improve employee health.

Consumers seem to be as conflicted about wellness programs as employers. Most consumers appear to want access to wellness programs, given their willingness to participate and their views of the programs as a perk that helps them improve their health. However, consumers may be skeptical or have negative views about some program elements. Employers seeking high levels of employee engagement should consider demonstrating their organization’s investment and commitment to building a culture of health, as opposed to implementing a program that demands much of employees but offers little from the organization.

Figure 4: Consumers are willing to participate in an employer wellness program with incentives

If the program was optional in order to receive full health insurance benefits from the employer, how willing would you be to participate?

<table>
<thead>
<tr>
<th>Has chronic condition</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Annual physical exam</td>
<td>69%</td>
<td>26%</td>
<td>5%</td>
</tr>
<tr>
<td>Participate in a special program</td>
<td>57%</td>
<td>35%</td>
<td>7%</td>
</tr>
<tr>
<td>Weight, diet, exercise</td>
<td>53%</td>
<td>36%</td>
<td>9%</td>
</tr>
<tr>
<td>Travel to a center of excellence</td>
<td>54%</td>
<td>38%</td>
<td>8%</td>
</tr>
<tr>
<td>Receive a biometric screening</td>
<td>49%</td>
<td>40%</td>
<td>11%</td>
</tr>
<tr>
<td>Participate in a healthy living program</td>
<td>48%</td>
<td>41%</td>
<td>11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does not have chronic condition</th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Annual physical exam</td>
<td>54%</td>
<td>39%</td>
<td>7%</td>
</tr>
<tr>
<td>Weight, diet, exercise</td>
<td>45%</td>
<td>46%</td>
<td>9%</td>
</tr>
<tr>
<td>Travel to a center of excellence</td>
<td>44%</td>
<td>47%</td>
<td>8%</td>
</tr>
<tr>
<td>Participate in a special program</td>
<td>42%</td>
<td>48%</td>
<td>10%</td>
</tr>
<tr>
<td>Receive a biometric screening</td>
<td>42%</td>
<td>48%</td>
<td>10%</td>
</tr>
<tr>
<td>Participate in a healthy living program</td>
<td>41%</td>
<td>48%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Responses based on a scale of 1 to 10 where 1 is “totally unwilling” and 10 is “totally willing.”
Source: Deloitte Center for Health Solutions: 2015 Survey of US Consumers

 Employers still bullish on wellness programs
Creating behavioral “nudges:” Next-generation wellness

Most employers want wellness programs that engage employees and lead to positive behavioral changes that may impact health outcomes and productivity. Data experts are using analytics to examine the positive impacts of healthy habits on outcomes and job performance and to better understand health risks at the individual (not just group) level.

During the course of our daily lives we leave behind data, or what Professor Alex “Sandy” Pentland of the Massachusetts Institute of Technology (MIT) calls digital “breadcrumbs.” This data tells a story about who we are: how we drive; what we buy; what we eat, watch, and read; how we socialize, and more. Taken together, these breadcrumbs can tell a lot about our health risks. Experts in behavioral science and other disciplines are interested in learning how to translate this data into insights that could be useful to shape government policies. In 2014, the White House Office of Science and Technology Policy created the Social and Behavioral Sciences Team (SBST) — a cross-agency group of experts in applied behavioral sciences that is seeking to improve federal policies related to health care, retirement security, student-loan debt and college attendance, among others. By understanding people’s behaviors and the barriers they encounter with policy-related programs, the team hopes to understand how to make these programs more effective.

What behavioral “nudge” techniques will best serve employer wellness programs? There is much to learn about why people make certain health-related choices and how to influence those choices in a positive way. Wellness programs have evolved from simply subsidizing someone’s fitness club membership to more tailored, targeted programs that help people make healthier choices. One of the most popular tools for behavioral nudges that has entered the employer wellness space is wearables. Half of US fitness band sales are to companies that incorporate the devices into fitness-related employee wellness activities. These devices typically track activity, sleep, calories, heart rate, and more. Analysts expect that more than 13 million wearable fitness tracking devices will be used in employer wellness programs within the next five years. Employers are reporting the most success with wearables when the technology is paired with social support and community activities such as corporate challenges and gaming techniques, and when the devices are part of a comprehensive program that includes other employee support strategies.

As more employers integrate wearables into their wellness programs, they will likely want to track who is using them: Is it just the fit and healthy or do they have widespread appeal? Are they altering habits over the long run? And, ultimately, are they impacting health outcomes? Beyond wearables, the next generation of wellness programs will likely borrow from behavioral economics, psychology, and learnings from outside of health care to better identify who is at risk, why they are at risk, and to personalize the content, structure, and timing of nudges to help them improve health behaviors.
Federal wellness program standards
Under HIPAA and the Affordable Care Act (ACA), health-contingent workplace wellness programs are expected to operate within certain defined principles and conditions:

- The program must give individuals eligible to participate the opportunity to qualify for the reward at least once per year.
- The total reward for all of the plan’s wellness programs that require satisfaction of a standard related to a health factor is limited — generally, it must not exceed 30 percent (or 50 percent for programs designed to prevent or reduce tobacco use) of the cost of employee-only coverage under the plan.
- The program must be reasonably designed to promote health and prevent disease.
- The full reward must be available to all similarly situated individuals; the program must allow a reasonable alternative standard.
- The plan must disclose in all materials describing program terms the availability of a reasonable alternative standard.

Under the ADA and GINA, programs must:

- Be voluntary
- Be reasonably designed to promote health or prevent disease
- Not collect or use health or genetic information to discriminate in employment
- Not be used to take any adverse or retaliatory action against employees

Regulatory landscape
A variety of federal laws have ramifications for employer wellness programs, creating a complicated regulatory landscape for employers. Ongoing uncertainty about how two federal laws — the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA) — apply to employer wellness programs is further muddying the waters.

The ADA prohibits employment discrimination based on health status and generally does not permit employers to inquire about workers’ health status, with an exception for medical inquiries that are part of voluntary wellness programs. GINA prohibits employment discrimination based on genetic information and forbids employers from asking about individuals’ genetic information (such as family history, which may indicate an individual is more prone to certain diseases). Like the ADA, GINA allows an exception for inquiries through voluntary wellness programs. An important question is whether programs that provide incentives for participation — including premium contribution reductions — are truly voluntary.

The Health Insurance Portability and Accountability Act (HIPAA) prohibits employer group health plans from discriminating based on health status. For example, employers typically cannot charge higher premium contributions to participants who have high blood pressure or are overweight. However, subject to certain limitations employers may provide rewards for employee participation in wellness programs that otherwise would violate this rule. Thus, employers generally may allow non-smokers to pay a lower premium contribution than smokers without violating HIPAA.

The Departments of Labor (DOL), Health and Human Services (HHS), and Treasury share regulatory jurisdiction over the HIPAA nondiscrimination rules. The Equal Employment Opportunity Commission (EEOC) has jurisdiction over the ADA and GINA. After DOL, HHS, and Treasury issued regulations to update the HIPAA nondiscrimination rules to conform to certain changes enacted as part of the ACA, EEOC issued rules for wellness programs under the ADA. The various rules did not perfectly align, creating more uncertainty for employers utilizing wellness programs.

In fall 2015, the EEOC issued another notice of proposed rulemaking to amend the regulations implementing Title II of GINA as they relate to employer wellness programs that are part of group health plans. The proposed rule would allow employers that offer wellness programs as part of group health plans to provide limited incentives in exchange for an employee’s spouse providing information about his or her current or past health status. One of the proposed rule’s goals is to harmonize the two GINA titles and create an exception to the general rule that no incentives may be provided for an employee’s genetic information.

Because many entities and laws govern wellness programs, and two major rules are yet to be finalized, consumer advocates, employer groups, unions, insurance companies, and members of Congress continue to ask for aligned guidance around the different regulations. The Administration’s periodic issuance of FAQs clarifying some of these issues for employers and the public illustrates the confusing and complex landscape.
Conclusion
Deloitte’s 2015 Survey of US Employers reveals that employer interest in engaging employees around wellness remains high, with most employers planning to maintain or scale-up their current offerings. Also, while surveyed employers are interested in program ROI, just under half of surveyed employers are measuring it, perhaps because most models rely on proxies or estimates for certain key data elements. Employers are more apt to engage employees in wellness programs by framing incentives as rewards rather than penalties. Deloitte’s 2015 Survey of US Health Care Consumers shows that most consumers are willing to participate in employer wellness programs, whether they are optional or required to receive full benefits.

The two surveys point to some shared issues and goals for employers and consumers, including mutual concern about rising health care costs, the desire to improve health, and interest in a culture of wellness. Individuals with chronic conditions are just as willing to participate in programs than those without chronic conditions, which may mean that well-designed employer wellness programs are ripe for attracting the target population that could benefit most.

Employers may be able to increase participant satisfaction in their programs by giving people flexible options to fit healthier choices into their lifestyle and by seeking employee input and buy-in through wellness champions at all levels of the organization. Given consumer willingness to participate in wellness programs, individuals may stay more engaged over the long term if they feel the program is not intrusive or mandated.
Methodology

Deloitte’s 2015 Survey of US Employers, fielded in late February and early March 2015, included 700 respondents from a variety of US employers. Firms ranged in size from small (50-100 employees) to very large (more than 2,500 employees) and came from health care, retail, finance, manufacturing, service, and other industries. Respondents included owners, C-suite executives, and executives responsible for health benefits programs. The survey, which covered a range of topics related to health care benefits, was administered online and respondents’ name and organization name were blinded to the researchers (Figure 5).

Since 2008, the Deloitte Center for Health Solutions has annually polled a nationally representative sample of US adults about their experiences and attitudes related to their health, health insurance, and health care, and their views about the health care system for its Survey of US Health Care Consumers. The aim of the survey is to track changes in consumer engagement over time and investigate key questions of interest to the health plan, provider, life sciences, and government sectors. The 2015 survey, conducted between January 16 and February 8, included 3,616 adults (18 years and older). As in prior years, the national sample is representative of the US Census with respect to age, gender, race/ethnicity, income, geography, insurance status, and insurance source (Figure 6).

Figure 5: Employer survey sample (N=700)

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<th>Firm size (# of employees)</th>
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<td>50-100</td>
<td>195</td>
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<td>101-999</td>
<td>309</td>
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<td>1,000-2,499</td>
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<td>2,500+</td>
<td>138</td>
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<td>Health care</td>
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<td>Retail</td>
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<tr>
<td>Finance</td>
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<td>Manufacturing</td>
<td>94</td>
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<td>Service</td>
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<td>All other</td>
<td>190</td>
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<th>Role in company with regard to health benefits</th>
<th>N</th>
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<tr>
<td>Decision-maker re: health benefits</td>
<td>516</td>
<td>74%</td>
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<tr>
<td>Has influence in the decision-making process but not decision-maker</td>
<td>175</td>
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<td>Other</td>
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<td>East</td>
<td>142</td>
<td>20%</td>
</tr>
<tr>
<td>Midwest</td>
<td>141</td>
<td>20%</td>
</tr>
<tr>
<td>South</td>
<td>231</td>
<td>33%</td>
</tr>
<tr>
<td>West</td>
<td>158</td>
<td>23%</td>
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<table>
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<tr>
<th>Role/title of respondent</th>
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<tr>
<td>Owner</td>
<td>119</td>
<td>17%</td>
</tr>
<tr>
<td>CEO or president</td>
<td>112</td>
<td>16%</td>
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<tr>
<td>CFO</td>
<td>60</td>
<td>9%</td>
</tr>
<tr>
<td>COO</td>
<td>47</td>
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</tr>
<tr>
<td>CHRO</td>
<td>92</td>
<td>13%</td>
</tr>
<tr>
<td>Executive responsible for health benefits programs</td>
<td>103</td>
<td>15%</td>
</tr>
<tr>
<td>Other manager or benefits administrator</td>
<td>167</td>
<td>24%</td>
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<tr>
<td>Other part-time or retiree benefits</td>
<td>N</td>
<td>%</td>
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<tr>
<td>Retiree</td>
<td>400</td>
<td>57%</td>
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<tr>
<td>Part-time</td>
<td>388</td>
<td>55%</td>
</tr>
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Note: Totals may not sum up to 100 percent due to rounding.
Source: Deloitte Center for Health Solutions: 2015 Survey of US Employers

Figure 6: Consumer survey sample

- Online survey tracks changes in consumer engagement over time and investigates topics of interest to the health plan, provider, life sciences, and government sectors.
- 2015 sample includes 3,887 respondents (18+ years old)
  - 1,611 insured through employer-sponsored plans
  - 703 insured through Medicare
  - 397 insured through Medicaid
  - 406 insured through a marketplace/exchange/connector (HIX)
  - 180 who purchased a non-HIX plan directly from an insurance company, agent, or broker
  - 106 insured through other sources (military, university, Indian Health Service, etc.)
  - 484 uninsured
Endnotes

1. Centers for Disease Control and Prevention, Chronic Disease Overview, August 26, 2015.
14. AT&T, About AT&T.
20. ABI Research, Corporate wellness is a 13 million user wearable wireless device opportunity, September 25, 2013.
22. Ibid
24. K Madison, The ACA, the ADA, and wellness program incentives, Health Affairs blog, May 13, 2015.
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